

Town of Signal Mountain, Tennessee

**APPLICATION FOR
BUILDING, ELECTRICAL, OR PLUMBING PERMIT**

Application is made for permit to build, alter, repair, add to or wreck a building or structure, as indicated below:
PLANS, SPECIFICATIONS, DRAWINGS AND PLOT DIAGRAM are attached to this application.

Location	Street Address		NATURE OF WORK OR INSTALLATION				CHECK ALL THAT APPLY		
	Tax Map	Lot No.							
Owner	Name		Building	New		Repair			
	Present Address			Alteration		Demolish			
	City & State			Addition		Move			
	Phone		Electrical	Wiring		HVAC			
City & State		Meter Centers		Water Service MUST BE Type K or L Copper					
Phone		Plumbing		Water Piping		Septic System Approved HCHD			
Phone Mobile				Gas Piping		Complete Installation			
State License No.			Septic System		Plumbing				
Exp. Date			Sewer		Driveway Culvert				
Architect Engineer	Name		Sign	New Sign		DRC Approval		Wiring for Signs	
	Street Address								
	City & State		OTHER						
	State License No.		NOTE: BLASTING Requires Separate permit from Public Safety Director						
PLANNING & ZONING INFORMATION									
Type of Occupancy			<input type="checkbox"/> Approved <input type="checkbox"/> Rejected _____ (Date) _____ Building Official						
Size of Lot		Area of Lot		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected _____ (Date) _____ Street Dept. Supervisor					
No. of Stones		Total Height		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected _____ (Date) _____ Water Dept. Supervisor					
Setback from Property Line		Front		Side		Rear			
Total Livable Floor Space		Total Floor Space		REMARKS: This project may be subject to the architectural standards of Americans With Disabilities Act of 1990 (ADA). Issuance of building permit does not certify compliance with this Federal statute. Copies of the guidelines and information concerning ADA may be obtained through Architectural and Transportation Barriers Compliance Board, 1-202-633-7834 (Voice/TDD) or 1-800-USA-ABLE. Failure to comply with ADA may result in Federal fines and penalties. As an owner/agent, I acknowledge that I have been made aware that the State of Tennessee has adopted the Model Energy Codes (CABC) & ASHRAE 90.1) and that it is my responsibility for code compliance.					
Approximate Completion Date									
Contract or Construction Cost									
Fee _____ Penalty _____ Total _____									
PLEASE SEE ATTACHED ORDINANCE FOR EXPIRATION DATE OF THIS PERMIT				Permit No. _____ Issued. _____ (Date) _____ Town Manager					
_____ (Owner or Agent) _____ Date									

SEPTIC TANK & FIELD LINES MUST BE INSTALLED AND APPROVED (HCD). FOOTINGS INSPECTED AND APPROVED PRIOR TO CONCRETE POUR. OTHER REQUIRED INSPECTIONS ARE FRAMING, ELECTRICAL, PLUMBING AND FINAL PRIOR TO EXPIRATION DATE OF PERMIT.

SHADED AREAS MUST BE COMPLETED BY APPLICANT

**TOWN OF SIGNAL MOUNTAIN
1111 RIDGEWAY AVENUE
SIGNAL MOUNTAIN, TN 37377**

SITE PLAN

- 1. Show direction of natural drainage on each side of the property and along the street frontage. Show street culverts. Reference Signal Mountain Zoning Ordinance, Article VIII, Section 811 for requirements.**
- 2. Show any proposed changes in drainage and driveway culverts.**
- 3. Show driveway.**
- 4. Property corners shall be legibly marked prior to footing inspection. Accurate location is the sole responsibility of the owner/contractor.**

As the owner/Contractor of the property located at:_____
I acknowledge that I am aware that within the Town of Signal Mountain
property Owners are responsible for the water drainage on their property. A
site plan showing drainage is shown above.

Signature:_____ Date:_____

**TOWN OF SIGNAL MOUNTAIN
SIGNAL MOUNTAIN, TN 37377**

**AFFIDAVIT OF EXEMPTION
(under T.C.A §13-7-211)**

**I, the undersigned, hereby swear or affirm that I am applying for a building permit from the Town of Signal Mountain and am exempt from the requirements of T.C.A §13-7-211 (proof of workers' compensation insurance) because:
(check one)**

- ☐ **A. I am not required to obtain coverage under the Tennessee workers' Compensation Law, T.C.A §50-6-104 through 106.**
- ☐ **B. I am performing work on my own property in my own county of residence.**
- ☐ **C. I am directly supervising work on my own property in my own county of residence.**

Signed this _____ day of _____ 20__.

Permit Applicant (please print)

Permit Applicant (signature)

Address

City

State

Zip

In Lieu of the above:

☐ **Copy of Certification is attached, on file or will be faxed.**